

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 / 786510

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1		1						51		
2			1				52				
3				1			53				
4					1		54				
5						1	55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13			1				63				
14				1			64				
15					1		65				
16						1	66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25					1		75				
26						1	76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.				3			TOTAL IND.				
TOTAL DEP.			←	34	←	←	TOTAL DEP.			←	
TOTAL CLAIMS			37				TOTAL CLAIMS			37	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS